

**IDAHO DEPARTMENT OF CORRECTION**  
**Sex Offender Supervision Agreement**

\_\_\_1. The supervision level, including caseload type and electronic monitoring, shall be determined by the Idaho Department of Correction (IDOC).

\_\_\_2. I will not purchase, produce, possess, or view any media material (pictures, magazines, books, videotapes, or movies) that acts as a stimulus for my sexual behavior, nor will I possess or view any materials containing male or female nudity. I will not be present where such material is available.

\_\_\_3. I will not subscribe to, use, nor have access to, Internet service, including e-mail or any other Internet material without permission from my supervising probation and parole officer (PPO) and sex offender treatment provider. I will not use any form of password-protected files, or other methods that might limit access to, or change the appearance of data images or other computer files.

\_\_\_4. I will not engage in any deviant sexual behaviors including but not limited to: sadomasochism, bestiality, clothing fetish, voyeurism, exhibitionism, public masturbation, or frottage.

\_\_\_5. I will abide by all travel restrictions as imposed by my supervising PPO and the sex offender registration laws as it pertains to my crime.

\_\_\_6. I will not initiate, maintain, or establish contact with any person under the age of 18 years, without the presence of an approved chaperone and approved by my PPO. The chaperone must be over the age of 21 and be approved by both my supervising PPO and sex offender treatment provider.

\_\_\_7. I will not form or unite in a romantic interest or sexual relationship with a person until my supervising PPO and sex offender treatment provider determine that the individual is able to give effective consent. I will not form an intimate relationship with a person who has physical or shared custody of a child(ren) under the age of 18 years, nor will I reside or stay at a residence where minor children frequent or reside, except as approved by my supervising PPO and sex offender treatment provider. I will introduce this person to my supervising PPO and sex offender treatment provider for approval. Sexual activity is defined as sexually oriented verbal/nonverbal communication, and any form of romantic, erotic, exciting or sexually arousing touch, including kissing, oral, manual, genital, or body contact of any kind.

\_\_\_8. I will observe curfew restrictions as directed by my supervising PPO.

\_\_\_9. I will not have any direct or indirect contact with my past or present victim(s) without the approval of my supervising PPO and sex offender treatment provider.

\_\_\_10. I will not live near, frequent, loiter, or go near places where minors or victims of choice congregate (e.g., parks, playgrounds, schools, video arcades, swimming pools, special events) or any other risky areas as identified by my supervising PPO and district specific restrictions. A request for exception must be submitted on an activity permission form and approved in writing by my supervising PPO.

\_\_\_11. I agree to obtain a specialized sex offender evaluation. The evaluator and my sex offender treatment provider must be on the approved provider list. I will comply with all requirements of the treatment program and actively participate in treatment until discharge is recommended mutually by the sex offender treatment provider and my supervising PPO. I will not change treatment programs without prior approval of my supervising PPO. I agree to pay financial obligations incurred for my counseling and treatment.

\_\_\_12. I will provide complete and truthful information to any psychological and/or physiological assessment when requested by either my supervising PPO or sex offender treatment provider.

\_\_\_13. I agree to sign any 'release of information' form that allows my supervising PPO to communicate with professionals involved in my treatment program.

\_\_\_14. I will remain gainfully employed and will obtain approval from my supervising PPO prior to the start of my employment, to begin new employment or change existing employment. I will inform my current or potential employer of my crime(s). I will immediately notify my supervising PPO if I am terminated or dismissed from work for any reason.

\_\_\_15. I will participate and comply with the Electronic Monitoring Program or a daily schedule if requested by my supervising PPO.

\_\_\_16. I will comply with all sex offender registration and DNA procedures as required by state of Idaho law.

\_\_\_17. I understand that the Idaho Department of Correction (IDOC) may advise my neighbors, employers, and other concerned parties of my conviction and supervision status.

\_\_\_\_18. When home, the offender shall answer the door for the PPO. The offender shall allow the PPO to enter his residence, other real property, place of employment and vehicle for the purpose of visitation, inspections and other supervision functions. The offender shall not possess, install or use any monitoring instrument, camera, or other surveillance device to observe or alert them to the PPO's visit. The offender shall not keep any vicious or dangerous dog or other animal on or in his property that the PPO perceives as an impediment to accessing the offender or his property.

I have read, or have had read to me, the above terms, and I agree to abide by them for the duration of my probation or parole supervision.

Offender's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PPO's Signature: \_\_\_\_\_

Date: \_\_\_\_\_